



State of Maryland
Behavioral Health Advisory Council
55 Wade Avenue – Catonsville, Maryland – 21228

Behavioral Health Advisory Council

Minutes

December 11, 2013

State Drug and Alcohol Abuse Council Attendees: Gayle Jordan-Randolph, Jodie Chilson, Sara Haina, Lynn Albizo, Pete Singleton, Kathleen O'Brien, Mary Pizzo, Martha Danner, Dennis Teegardin, Tracey Myers-Preston, Melissa Bartles, Matt Reisdorph, George Lipman, Kathleen Rebbert-Franklin, Brian Hepburn, John Winslow, Alexis Moss, Taryn Toman, Roe Rodgers, Ann Geddes, Eugenia W. Conolly, Crystal Horshaw

Maryland Advisory Council Members: Sarah Burns, Chair; Dennis McDowell, Joanne Meekins, Robert M. Pender, John Turner

Maryland Advisory Council Members Absent: Gerald Beemer, Richard Blair, Jaimi L. Brown, M. Sue Diehl, Vice Chair; Mike Finkle, Michele Forzley, Joshana Goga, Edwin C. Oliver, Livia Pazourek, Charles Reifsnider, John Scharf, Anita Solomon, Sherrie Wilcox

Individuals highlighted as such are resigned members who have not yet been replaced.

PL 102-321 Council Members Present: Lynn Albizo, T.E. Arthur, Coordinator; Michael Bluestone, Naomi Booker, Eugenia W. Conolly, R. Terence Farrell, Nancy Feeley, Ann Geddes, Victor Henderson, Sharon Lipford, George Lipman, Dan Martin, Cynthia Petion, Sarah Rhine, Kathleen Ward, Phoenix Woody

PL 102-321 Council Members Absent: Robert Anderson, Chicquita Crawford, Herb Cromwell, Jan Desper, Kate Farinholt, Vira Froehlinger, A. Scott Gibson, Adrienne Hollimon, Julie Jerscheid, Frank Kolb, Michael Lang, William Manahan, Jacqueline Powell, Linda Raines, Sheryl Sparer, Michelle Stewart, Jane Walker

MHA Staff Present: Lisa Hadley, Robin Poponne, Iris Reeves, Greta Carter

Guests and Others: Erin McMullen, Maryland Department of Health and Mental Hygiene; Tim Santoni, University of Maryland-Systems Evaluation Center; Rachel Index; Miriam Yarmolinsky, Peer Wellness and Recovery Services, Inc. Melissa Bartles, Washington County;

INTRODUCTIONS/ADOPTION OF MINUTES:

The first combined meeting of the Maryland Advisory Council on Mental Hygiene/PL 102-321 Planning council (Joint Council) and the State Drug and Alcohol Abuse Council (SDAAC) was called to order by SDAAC Chair, Gayle Jordan-Randolph, M.D., Deputy Secretary of DHMH Behavioral Health and Disabilities. Attendees introduced themselves. Respective minutes were reviewed and approved for both councils.

UPDATES ON THE BEHAVIORAL HEALTH INTEGRATION:

Dr. Jordan-Randolph announced that the merger of the two administrations, Mental Hygiene (MHA) and Alcohol and Drug Abuse (ADAA), will be effective July 1, 2014. MHA and ADAA are currently cross collaborating to combine some segments of the two administrations prior to that date, particularly in the areas of administration, finance, and legislation/regulations.

- Forensic services are fully integrated operationally to include MHA, ADAA, and DDA. These services are overseen by DHMH's Office of Forensic Services and located on the campus of Clifton T. Perkins Hospital Center. Forensic services' data systems are in the process of being fully integrated.
- The integration of MHA and ADAA fiscal/finance services is in process.
- The administrative staff is already combined and an RFP, which delineates the interface with Medicaid, is progressing.

As both councils move forward to combine into one behavioral health advisory council, Dr. Jordan-Randolph charged all members to consider how DHMH can assist the process as the group develops a mission statement, specifies membership parameters, and identifies solutions to barriers.

Additionally, Dr. Jordan-Randolph informed the group that Dr. Lisa Hadley, Clinical Director for MHA and ADAA, is working on drafting new, and updating old, regulations governing MHA and ADAA. Areas include: Office of Health Care Quality (OHCQ) which currently supports efforts of approval and quality assurance; regulation language clarification; and issues of licensure and accreditation. It is expected that these changes will be outlined by July 2014. Her office is also monitoring overdose data as shared through local authorities. The goal is to strengthen the collaboration between clinical oversight and community resources to impact areas of public health such as smoking, violence, alcoholism, and other forms of substance use, including a focus on college campuses.

ANNOUNCEMENTS - Sarah Burns, Chair, Joint Council called for announcements:

- John Winslow, Maryland Addictions Directors Council (MADC), announced that a free viewing of the movie "Anonymous People" will take place on January 22, 6 pm, at St. John's College in Annapolis. The movie addresses changing the conversation around addictions issues from one that dwells on problems to a focus on positive solutions. The film will be followed by a panel discussion.

THE DIRECTORS' REPORTS:

MHA's Executive Director, Brian Hepburn, M.D., provided the following Director's Report:

Budget:

MHA has been able, to date, to keep expenditures below its appropriations. First quarter projections for FY 2014 have met expectations. Focus will continue to be on costs for facilities, uninsured individuals, Medicaid, and Administrative. The FY 2015 budget is being formulated. Maryland's Department of Budget Management will meet in December to finalize the budget and send it to the Legislature in early January. MHA and ADAA budgets are now combined. As of June 1, 2014, all Medicaid financial oversight will move from MHA to Medicaid. MHA and ADAA will attend the Legislative budget hearings as a combined entity. However, it is not yet determined whether aspects of the Medicaid budget, which pertain to behavioral health, will be reviewed at the same time or on a separate occasion.

Affordable Care Act:

Medicaid expects to expand its enrollment by 250,000 which will include 83,000 individuals currently enrolled in the Primary Adult Care Program (PAC). Enrollment of PAC participants have increased over the last several years and, as of January 1, 2014, this group of individuals will become eligible for full Medicaid benefits under the Medicaid Expansion. This program has helped to reduce some of the impact resulting from challenges with the ACA implementation.

Behavioral Health Integration (BHI):

Maryland is currently in phase 3 of the BHI process and is moving forward with the Department's decision to implement a performance-based carve out of mental health and substance abuse services. The proposal to establish the carve-out as the health care financing method will be submitted to the Legislature in January or February of 2014. The Request For Proposals (RFP) for an administrative services organization (ASO) is on schedule to be presented in February, 2014. It is expected that the new ASO will be in place by January 2015. Medicaid will be the lead agency for the ASO but the newly merged behavioral health administration will maintain an advisory role. The Maryland Management Information Systems (MMIS) for the new Medicaid system is scheduled to be in place in September 2015. This should facilitate a smoother transition for eligible individuals to the Medicaid benefit system. State funds pay for and will continue to fund additional support and recovery services that are not covered under Medicaid.

It should be noted that timelines may need to be adjusted if the need arises.

Ninety percent of the recipients of mental health services are Medicaid-eligible and the public mental health system is approximately 10% of Medicaid's budget. As mentioned above, the legislative budget hearings for MHA/ADAA may or may not include the Medicaid segment which would cover areas of concern to behavioral health, criminal justice, etc. If held separately, Medicaid budget hearings will most likely present opportunities to include issues of concern to advocates for behavioral health.

As in the past, there is a need to maintain visibility on major issues regarding funding and stigma reduction (such as a tendency to inappropriately pair violence to behavioral health status). The advocacy role within both advisory councils will continue to be important.

Kathleen Rebbert-Franklin, Acting Director of ADAA, delivered the following report:

Behavioral Health and Medicaid:

In continuation of the Primary Adult Care discussion, Ms. Rebbert-Franklin said that providers are encouraged to continue to sign up individuals throughout the calendar year 2013 to facilitate the transition of individuals to the Medicaid benefits system. As for the progress of the RFP development, it is important to recognize the challenge of transferring the responsibilities of the current seven MCOs, particularly the substance use monitoring, into a single administrative services organization (ASO).

Overdose Prevention:

The Prescription Drug Monitoring Program (PDMP) has been established by the ADAA to support healthcare providers and patients in the safe and effective use of prescription drugs. The PDMP began the process of collecting and securely storing information on drugs that contain controlled substances and dispensed here in Maryland. DHMH has partnered with the Chesapeake Regional Information System for our Patients (CRISP) and Health Information Designs, LLC to provide information technology services for the PDMP. In late September 2013, a pilot group of prescribers and dispensers began accessing PDMP data through CRISP. Effective December 2013, CRISP opened general registration for healthcare providers. The program's aim is to eventually include all physicians signing on and promoting use of this clinical care tool. Sharing of this data will prevent over prescribing of medications that could contribute to incidents of overdose.

Regulations have been developed for overdose prevention medication (naloxone) allowing a third party to obtain and administer this medication to an individual experiencing an overdose situation. On December 27, the regulations will be posted by the Administrative, Executive, and Legislative Review (AELR) for public comment.

Workforce Issues:

A survey monkey has been developed and disseminated to get input on the need for technical assistance to providers who wish to receive accreditation in the field of behavioral health. If any providers receive multiple requests, please note that only one survey should be completed.

Recently, SAMHSA convened, with Maryland participation, the *Bringing Recovery Supports to Scale Technical Assistance Center Strategy* (BRSS TACS) Policy Academy, designed to build workforce capacity and create infrastructure to ensure collaboration and sustainability for Peer Recovery Support Services. As a result of this and other efforts to expand and strengthen the role of Peer Support Specialists and Recovery Support Specialists, a peer recovery certification process is in place. SAMHSA has contributed funding toward training which will be available through August of 2014. Meanwhile, in March, currently-eligible peer support and recovery support specialists will be “grandfathered” into certification through the Maryland Addictions Professional Certification Board (MAPCB).

COUNCIL BUSINESS: BEHAVIORAL HEALTH COUNCIL WORKGROUP: NEXT STEPS – Sarah Burns, Chair

Ms. Burns summarized: The Behavioral Health Council Workgroup, comprised of representatives of the Joint Council and the State Drug and Alcohol Abuse Council (SDAAC), has been meeting periodically since the summer of 2012 to continue the discussion toward efforts to develop a "behavioral health council".

Update on the Behavioral Health Council Process: The Workgroup for the Behavioral Health Council identified the following next steps to be addressed in future meetings:

- Identify Mission and Vision Statements (needs to be reflective of Behavioral Health system)
- Specifying roles and duties of the Behavioral Health Advisory Council (BHAC)
- Implement Joint Meetings Councils (first joint meeting – December 11, 2013 in the Dix Building lower level. Future meetings to be determined)
- Review memberships/representation requirements between the Joint Council and SDAAC
- Address protocol/parameters for meeting times and location for BHAC
- Discuss the role of committees
- Address legislation that may affect the BHAC

Cynthia Petion and Eugenia Conolly continued the discussion highlighting a matrix that crosswalks the similarities and differences between the two councils. The Workgroup has participated in a SAMHSA National Learning Center grant which facilitated the sharing of best practices and processes of various states in movement toward an integrated advisory council. Although other states have reported on various methods of bringing their councils together, the consensus within this Workgroup so far was to investigate creating an integrated council rather than simply combining the two entities. The next step is to include the members of both councils in the process to make decisions on how the new behavioral health advisory council will emerge.

PLEASE NOTE - NEW DATE FOR RETREAT FOR COMBINED COUNCILS:

It was decided that a retreat for SDAAC and the Maryland Advisory Council on Mental Hygiene/Planning Council (Joint Council) will be held on **February 10, 2014** to facilitate discussion/feedback and to make decisions on a model outline, goals, and charge of the combined behavior health advisory council. **This date has changed and takes the place of the previously planned March 18th date.** (The Joint Council will have its regular monthly meeting in March as reflected in the revised schedule attached for Joint Council members).

In addition to the matrix, other materials will be sent to each member prior to the retreat. If you have any questions, please contact Robin.Poponne@maryland.gov , Greta.Carter@maryland.gov, or Eugenia.Conolly@maryland.gov .

Future combined meetings will be determined at the retreat.

The meeting was adjourned.

The Executive Committee of the Maryland Advisory Council on Mental Hygiene/Planning Council will not meet today.